

Case Number:	CM14-0022787		
Date Assigned:	06/11/2014	Date of Injury:	09/15/2011
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic and Hand Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 09/15/2011. The mechanism of injury was not provided. On 02/07/2014, the injured worker presented with pain to her right shoulder and right arm. Prior therapies included injections and medication. The physical examination of the right shoulder revealed range of motion values of 105 of abduction, 95 degrees of flexion, 45 degrees of extension, 10 degrees adduction, 60 degrees of external rotation, and 60 degrees of internal rotation. The injured worker had a positive empty can sign test, and a weak grip strength. Notes revealed surgery of the right shoulder times 2 with residual pain, limited range of motion, and weakness. She had a rotator cuff repair which had failed, a SLAP lesion repair, a Mumford resection distal clavicle, compensatory arthralgias left upper extremity, mild to minimal, and major depression. The provider recommended a surgical consultation for the right shoulder. The injured worker was sent to a surgical consultation for a second opinion and she was stated to be nonsurgical. The provider disagrees with those results. The Request for Authorization form was dated 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SURGICAL CONSULTATION FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211-212.

Decision rationale: MTUS/ACOEM Guidelines state that referrals for surgical consultations may be indicated for injured workers who have red flag conditions, activity limitaiton for more than 4 months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear, clinical imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. The surgical consdierations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding the likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the injured worker to a physical medicine practitioner may help resolve the symptoms. The injured worker has already had a surgical consultation for the right shoulder. There have been no red flag conditions noted in the documentation. As such, the request not medically necessary.